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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\*** *TS*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *TS*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
\*\* 08/14/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 7
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Verified and Acknowledged *David D. Hugel*  
Examiner's Signature Initials

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**TITLE**  
Protected forms of pharmacologically active agents and uses therefor

<b>FILING FEE RECEIVED</b> 618	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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